



The Commonwealth of Massachusetts  
Department of Public Safety  
Board of Building Regulations and Standards  
McCormack State Office Building  
One Ashburton Place – Room 1301  
Boston, Massachusetts 02018

MITT ROMNEY  
Governor  
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Secretary  
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Commissioner

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STANLEY SHUMAN  
Chairman  
GARY MOCCIA, P. E.  
Vice President

**FOUR (4) COPIES OF THE COMPLAINT MUST BE**

**Construction Supervisor License Complaint Form**

<b>COMPLAINT NUMBER</b>			
Complaint Received:		DPS Recommendation:	
License Number:		Hearing	?
Expiration Date:		Dismiss	?

Please Print

**Complainant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Property Location:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Construction Supervisor License Holder:**

Name: \_\_\_\_\_ HIC Registration Number: \_\_\_\_\_  
\_\_\_\_\_ CSL License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Nature of complaint:**

Please type or print legibly a brief summary of complaint. CSL Complaints must cite violations of the Massachusetts State Building Code.  
**COMPLAINTS WHICH DO NOT CITE VIOLATIONS OF THE BUILDING CODE ARE BEYOND THE JURISDICTION OF THE LICENSE REVIEW COMMITTEE AND WILL BE DISMISSED ACCORDINGLY.** Include a copy of the building permit application and copies of all other documentation or reports which support your complaint. Return four (4) copies of the complaint to:

Estee Ormont, Program Coordinator CSL/HIC Complaint Division  
ONE ASHBURTON PLACE, ROOM 1301  
BOSTON, MA 02108  
Or email: Estee.Ormont@state.ma.us